



PTO/SB/08a/b (08-03)

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Substitute for form 1449A/B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)			Complete If Known		
			Application Number	09/551,519	
			Filing Date	April 18, 2000	
			First Named Inventor	Itai Kohavi	
			Art Unit	3629	
Examiner Name	T. A. Dixon				
Sheet	1	of	2	Attorney Docket Number	CENDAN 3.0-026

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kin: Code ² (if known)				
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Examiner Initials*	Cite No. ¹	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁴
		Country Code ² -Number ³ -Kind Code ⁴ (if known)					
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Examiner Signature	<i>Thomas A. Dixon</i>	Date Considered	11/17/04
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Sheet	2	of	2		

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

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